



# ALEXANDRIA HEALTH DEPARTMENT

## Communicable Disease Division

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[www.alexandriava.gov/health](http://www.alexandriava.gov/health)

Stephen A. Haering, MD, MPH, FACPM  
Health Director

## **HEALTH ADVISORY Update 3: Situational Update (2019-nCoV) from China**

February 10, 2020

Dear Colleague:

The outbreak of respiratory illness in China caused by a novel coronavirus (2019-nCoV) is evolving every day. Alexandria Health Department (AHD) is providing this situational update and resources you may find helpful.

### **Important Updates from the CDC:**

- Effective February 2, 2020 at 5pm, the U.S. government suspended entry of foreign nationals who have been in China within the past 14 days.
- U.S. citizens, residents and their immediate family members who have been in Hubei province and other parts of mainland China are allowed to enter the United States, but they are subject to health monitoring and possible quarantine for up to 14 days.
- As of February 7, 2020 all novel coronavirus diagnostic testing must go to CDC through referrals from health departments. AHD expects that our state laboratory will be approved to test for novel coronavirus sometime in March.

Below is a summary of the CDC healthcare provider checklist (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-personnel-checklist.html>). Please review the list to prepare yourself and your employees to ensure you can handle a potential case of (2019-nCoV) appropriately.

### **Providers:**

#### **1) Review your infection prevention and control policies**

- Ensure that you have the correct personal protective equipment on hand and make a kit

#### **2) Have a plan for assessing and triaging patients**

- It is very important that patients suspected or known to have 2019-nCoV are isolated right away (see page 3 of this Health Advisory)

#### **3) Know how to protect yourself and your staff from infection**

- Healthcare workers should use STANDARD and CONTACT and AIRBORNE PRECAUTIONS.
- Practice the appropriate sequence of donning and doffing PPE (<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>)

Infection Control Precautions	Description
Standard Precautions	Practice hand hygiene, safe handling of potentially contaminated equipment or surfaces, and respiratory etiquette
Contact Precautions	Wear gowns and gloves
Airborne Precautions	Use Gloves, gowns, fit-tested N-95 respirators, and eye protection (use goggles or face shields)



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## 4) Help AHD identify suspected cases of (2019-nCoV):

1. Obtain a detailed **travel history** for patients with fever and acute respiratory illness.
  - o Ask patients if they have a history of travel from Wuhan City, Hubei Province, or mainland China OR close contact with a confirmed case of 2019-nCoV or a person under investigation for 2019-nCoV
2. If a patient meets the criteria of a PUI (see next page)
  - Ask the patient to wear a surgical mask as soon as the PUI is identified.
  - Evaluate the patient in a private room with the door closed, ideally in an airborne infection isolation room if available.
  - Use standard, contact and airborne precautions, and eye protection (e.g., goggles or face shield).
  - **Immediately** notify infection control personnel and Alexandria Health Department (AHD). The AHD epidemiologist on call can be reached **24/7 by calling 703-259-8549**.

### What Happens Next?

AHD and Virginia Department of Health will consult with CDC and Virginia's Division of Consolidated Laboratory Services (DCLS) about testing.

- Currently, 2019-nCoV testing is only available at CDC.
- Three specimen types (lower respiratory, upper respiratory and serum specimens) are recommended.

### Resources:

- Webinar for Clinicians: COCA call –Outbreak of 2019 Novel Coronavirus (2019-nCoV)-Interim Guidance for Clinicians was recorded on 1.31.2020 and is available here: <https://emergency.cdc.gov/coca/calls/2020/>
  - o In this COCA Call, clinicians will be advised about the epidemiology, infection control and prevention recommendations, specimen collection and testing, and clinical management for patients with 2019-nCoV infection.
- CDC released a Health Alert Network (HAN 00427) on February 1, 2020 with Updates and Interim Guidance on Outbreak of Novel Coronavirus (2019-nCoV) <https://emergency.cdc.gov/han/>
- Infection control recommendations: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>



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## **2019 Novel Coronavirus**

### What to Ask – What to Do

#### 1. Clinicians should ask:

- Does the patient have a fever (subjective or objective) and/or a cough and/or shortness of breath?

#### **AND**

- Within 14 days of symptom onset, has the patient traveled to mainland China **OR** has the patient had close contact with a person confirmed with 2019-nCoV infection?

**If a patient meets the above criteria, that person meets the definition of a “Person Under Investigation” (PUI)**

#### 2. Clinicians should then do the following:

- Ask the patient to wear a surgical mask as soon as he or she is identified as a PUI. This will help to reduce the spread of droplets from a patient known or suspected of being infected (note: a patient with shortness of breath may not tolerate a mask).
- Evaluate the patient in a private room with the door closed, ideally in an airborne infection isolation room if available.
- Use standard, contact and airborne precautions, including eye protection (e.g., goggles or face shield). See page 1 of this Advisory for descriptions.
- **Immediately** notify your infection control personnel and Alexandria Health Department (AHD). The AHD epidemiologist on-call can be reached **24/7 by calling 571-259-8549**.
- When referring a patient to the hospital, **please call ahead** to the emergency room to let the hospital know that a possible novel coronavirus PUI is coming.
- Instruct the PUI to keep on a surgical mask during travel and upon arrival to the hospital if they are able to tolerate it (i.e. if it does not cause respiratory distress).



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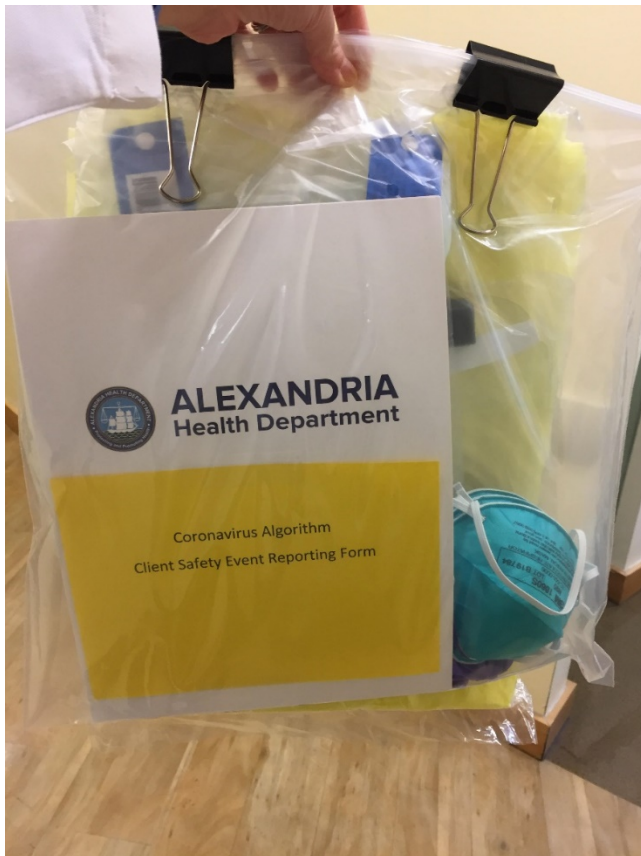
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For more information on this rapidly evolving situation, please visit the [CDC Novel Coronavirus 2019 website](https://www.cdc.gov/coronavirus/2019-nCoV/) or call Alexandria Health Department Epidemiologist, Christina Chommanard at 703-746-4904.

Thank you for all your work to keep our community safe and healthy.

Sincerely,

Dr. Anne Gaddy  
Deputy Health Director



Example 2019-nCoV PPE kit with gloves, gowns, face shield, and N-95

# Flowchart to Identify and Assess 2019 Novel Coronavirus

For the evaluation of patients who may be ill with or who may have been exposed to 2019 Novel Coronavirus (2019-nCoV)



<b>A.</b>	<b>Identify</b>		
	if in the <i>past 14 days since first onset of symptoms</i> a history of <i>either</i>		
	<b>Travel to China</b>	← OR →	<b>Close contact with</b> a person known to have 2019-nCoV illness*
<b>B.</b>	<b>AND the person has</b>		
	<b>Fever or symptoms of lower respiratory illness</b> (e.g., cough or shortness of breath)		

*if both exposure and illness are present*



<b>1.</b>	<b>Isolate</b>		
	<ul style="list-style-type: none"> <li>Place facemask on patient</li> <li>Isolate the patient in a private room or a separate area</li> <li>Wear appropriate personal protective equipment (PPE)</li> </ul>		
<b>2.</b>	<b>Assess clinical status</b>		
	<b>EXAM</b>	<b>Is fever present?</b> <input type="checkbox"/> Subjective? <input type="checkbox"/> Measured? _____°C/F	<b>Is respiratory illness present?</b> <input type="checkbox"/> Cough? <input type="checkbox"/> Shortness of breath?
<b>3.</b>	<b>Inform</b>		
	<ul style="list-style-type: none"> <li>Contact health department to report at-risk patients and their clinical status</li> <li>Assess need to collect specimens to test for 2019-nCoV</li> <li>Decide disposition</li> </ul>		

*If discharged to home*



<b>Instruct patient</b>	
<i>As needed depending on severity of illness and health department consultation</i>	
<ul style="list-style-type: none"> <li>Home care guidance</li> <li>Home isolation guidance</li> </ul>	
<b>Advise patient</b>	
<b>If the patient develops new or worsening fever or respiratory illness</b>	
<ul style="list-style-type: none"> <li>Call clinic to determine if reevaluation is needed</li> <li>If reevaluation is needed call ahead and wear facemask</li> </ul>	

\* Documentation of laboratory-confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries. For more clarification on the definition for close contact see CDC's Interim Guidance for Healthcare Professionals: [www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html](http://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html)

## Healthcare Personnel Preparedness Checklist for 2019-nCoV

*Front-line healthcare personnel in the United States should be prepared to evaluate patients for 2019 novel coronavirus (2019-nCoV). The following checklist highlights key steps for healthcare personnel in preparation for transport and arrival of patients potentially infected with 2019-nCoV.*

- ☐ Stay up to date on the latest information about signs and symptoms, diagnostic testing, and case definitions for 2019-nCoV disease (<https://www.cdc.gov/coronavirus/2019-nCoV/summary.html>).
- ☐ Review your infection prevention and control policies and CDC infection control recommendations for 2019-nCoV(<https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html>) for:
  - ☐ Assessment and triage of patients with acute respiratory symptoms
  - ☐ Patient placement
  - ☐ Implementation of Standard, Contact, and Airborne Precautions, including the use of eye protection
  - ☐ Visitor management and exclusion
  - ☐ Source control measures for patients (e.g., put facemask on suspect patients)
  - ☐ Requirements for performing aerosol generating procedures
- ☐ Be alert for patients who meet the persons under investigation (PUI)(<https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html>) definition
- ☐ Know how to report a potential 2019-nCoV case or exposure to facility infection control leads and public health officials
- ☐ Know who, when, and how to seek evaluation by occupational health following an unprotected exposure (i.e., not wearing recommended PPE) to a suspected or confirmed nCoV patient
- ☐ Remain at home, and notify occupational health services, if you are ill
- ☐ Know how to contact and receive information from your state or local public health agency

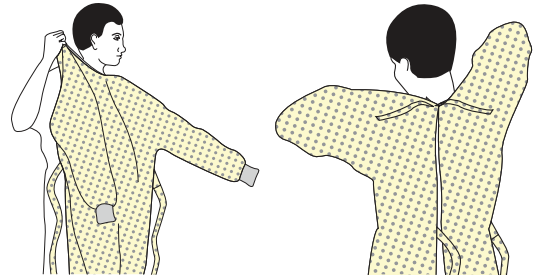
This information is also available online at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-personnel-checklist.html>

# SEQUENCE FOR **PUTTING ON** PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

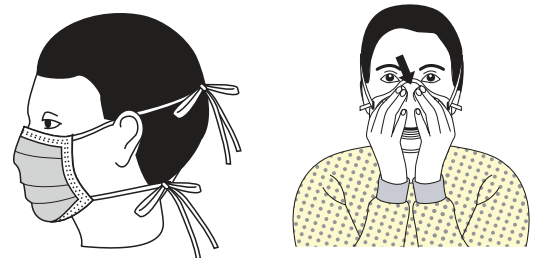
## 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



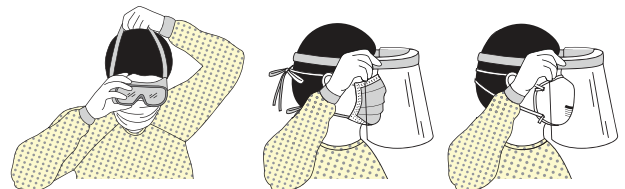
## 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



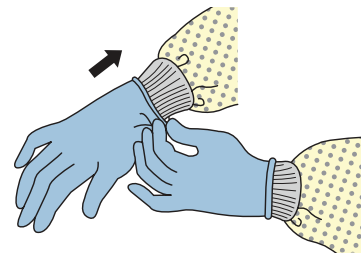
## 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



## 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene





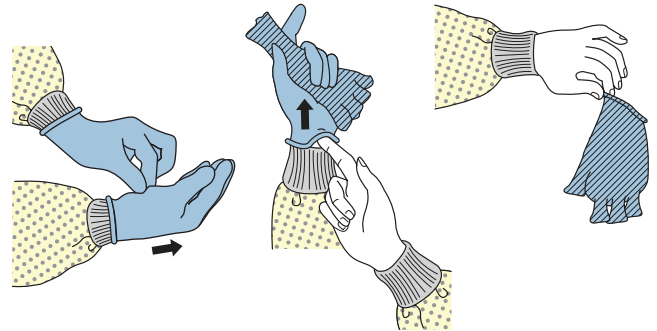
# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

## EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



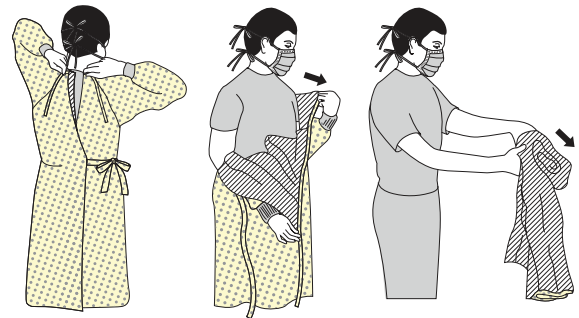
### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



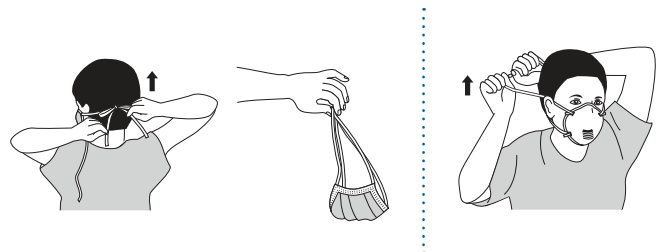
### 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

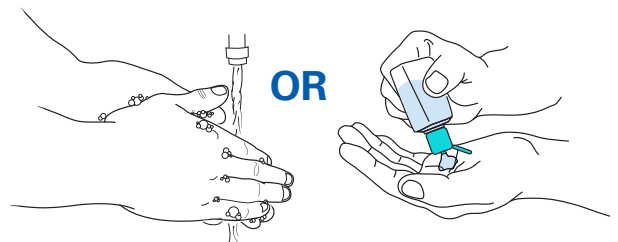


### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**





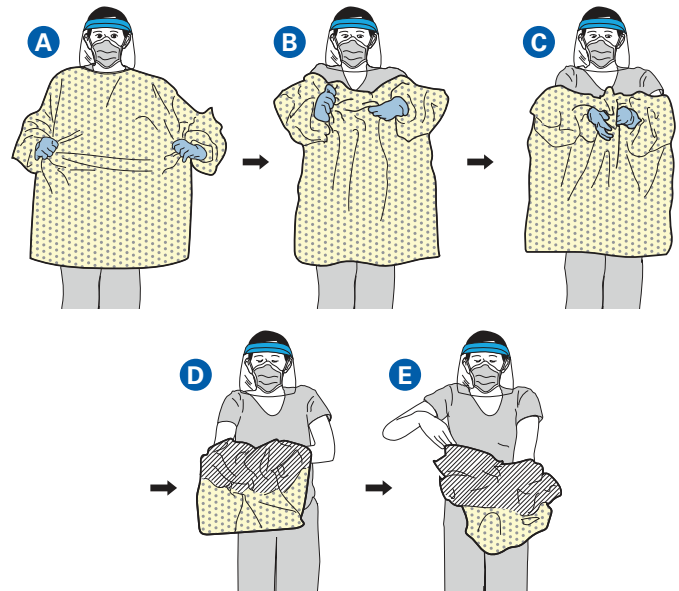
# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

## EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



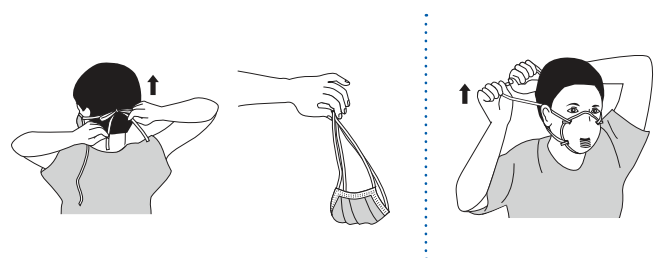
### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

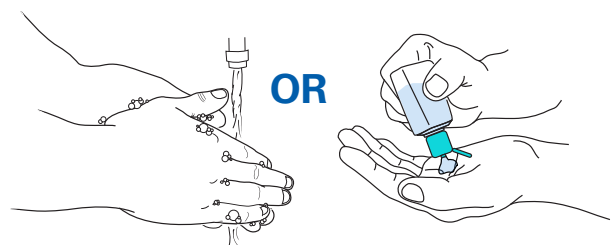


### 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**

